

# HANDOUT TO ACCOMPANY THE COMMUNITY BASED RESIDENTIAL FACILITY (CBRF) VIDEO

## **Brief Overview of CBRFs**

What is a CBRF?

It is a facility in which 5 or more unrelated adults reside in which care, treatment or services above the level of room and board but not including more than 3 hours of nursing care per resident per week are provided as a primary function of the facility.

## **The Application Process**

To obtain your license, you must fill in all the information requested in the form and pass an onsite licensing process. Incomplete forms will delay the issuance, or denial of your license. To ensure your form is complete, follow these steps:

### **1. Type of License**

- ◆ Indicate at the top right-hand of the form, the type of license you are applying for—an initial license or a biennial report update.

### **2. Size and Class of Facility**

- ◆ Based on the individual needs of the residents in an emergency situation, determine the type of class licensure you need. **Class A** facilities are limited to residents who are mentally and physically able to respond to a fire or other emergencies which require residents to leave the facility without any help, including verbal or physical prompting. **Class C** facilities may admit and retain residents who are not mentally or physically capable of responding to a fire or other emergency and who need help, including verbal or physical prompting. The classes include:

- **AA—Class A ambulatory**
- **AS—Class A semiambulatory**
- **ANA—Class A nonambulatory**
- **CA—Class C ambulatory**
- **CS—Class C semiambulatory**
- **CNA—Class C nonambulatory**

### **◆ Do Your Research**

- ◆ Complete a market analysis to determine the need for a CBRF in the community.
- ◆ Gain community support for your CBRF by establishing, or attempting to establish, a Community Advisory Committee to be a forum for communication with neighbors, local officials, and representatives of the facility.

### **3. General Information**

- ◆ Fill in the general information required about the licensee, facility, and administrator such as their names, addresses and telephone numbers.

### **4. Background Checks Information**

- ◆ Complete background information disclosure and appendix forms (HFS 64 and HFS 69) for all nonclient residents 10 years of age and older who will live with you in the facility, for yourself, the owner or administrator if other than yourself, and board members who will have regular contact with the client residents. The Department will conduct background checks on these individuals. *Mail these forms for each individual to Division of Disability and Elder Services, BQA Entity Background Checks, 2917 International Lane, Suite 300, Madison, WI 53704 with fee payment.*
- ◆ Complete background checks on employees or contractors who will have regular, direct contact with clients. Submit Wisconsin criminal history request form DJ-LE-250 or DJ-LE-250A for each individual to the Department of Justice with the appropriate fee. Retain the results for your files.
- ◆ In addition to the time of hiring, do a criminal records check and nurse aide registry check for all adult employees of the facility every four years after hire.

### **5. Client Group(s) to be Served**

- ◆ Determine the client group or groups you want to serve such as terminally ill, elderly, developmentally disabled or others as listed in the application form.

### **6. Monthly Charges for Residents**

- ◆ Determine the minimum and maximum monthly fee you will charge for each resident and how these fees will be paid.
- ◆ Ensure you have sufficient start-up funds.
- ◆ Check out various possible funding sources such as county, federal waiver funds, churches or other philanthropic organizations.
- ◆ THE DEPARTMENT OF HEALTH AND FAMILY SERVICES DOES NOT PROVIDE ANY HELP WITH FUNDING OR PLACEMENT OF RESIDENTS.

### **7. Profit**

- ◆ Know your operating expenses and ensure that you have sufficient monthly income to pay for these expenses.

### **8. Local Fire Department**

- ◆ Provide the name and address of your local fire department.

### **9. Zoning Approval**

- ◆ Get zoning approval for your site from the local municipality based on the type of CBRF and number of residents you plan to have.

## **10. Ownership Information for Land and Building**

- ◆ Fill in the information regarding the licensee and owner of both the land and the building used for the CBRF.

## **11. Site and Building Approvals**

### **◆ For New Buildings**

- ◆ Before Construction
  - ◆ Obtain construction plan approvals from the Department listed in the application form.
  - ◆ Obtain sprinkler plan approvals from the Department listed in the application form.
  - ◆ Obtain heat and smoke detection system plan approvals from the Department listed in the application.
- ◆ After Construction
  - ◆ Obtain letters of completion from the installer of the sprinkler and the heat and smoke detection system, and from the architect in the form of a certificate of substantial completion.
  - ◆ Get copies of Construction Inspection Report (DSL-2243) from engineers from the respective departments after they make an onsite visit and approve the newly constructed building and sprinkler/heat detection and smoke systems.
  - ◆ If public water supply is not available, obtain well approval from the Department of Natural Resources, 101 South Webster, Madison, WI 53703, telephone: (608) 266-2521 and have water tested and approved by the State Laboratory of Hygiene or other state approved laboratory.
  - ◆ Obtain a Certificate of Occupancy from the local municipality or Department of Commerce.
  - ◆ Obtain approval from the local fire department (form DSL-795) and NFPA 72 and 113 or 13R.

### **◆ Converting Existing Buildings**

- ◆ Obtain a Certificate of Occupancy from the local municipality or Department of Commerce.
- ◆ Submit architect's construction and sprinkler/heat detection plans to the Department of Health and Family Services for approval (see list of addresses under the section for Send in Your Application).

### **◆ Change in Ownership of Existing CBRF**

- ◆ You need to apply for your own license (but won't need to obtain site or building approvals).
- ◆ The previous licensee will be responsible until the licensing requirements are satisfied.
- ◆ IT IS YOUR RESPONSIBILITY TO KNOW THE CAPACITY OF THE FACILITY AND THE RESIDENT CENSUS AT THE TIME OF ATTAINING OWNERSHIP.

## ◆ **Notarization**

- ◆ Sign the application form in front of a notary public before sending it to the Bureau of Quality Assurance.

## **Other Documents to be Turned In**

### **1. Program Statement**

This is very important and should include:

- ✓ The name of the licensee and the administrator;
- ✓ The capacity of the facility;
- ✓ The class of license;
- ✓ The client groups to be served, as well as the compatibility of groups if more than one client group will be served;
- ✓ A description of clients' needs;
- ✓ Program goals and how the needs of the residents will be served; and
- ✓ If providing respite care, identify the number of residents involved and the client group.

### **2. Admissions Agreement**

At a minimum, for a typical resident include:

- ✓ Services to be provided to the resident;
- ✓ Rate residents must pay per day or month and any other charges to be made, source of payment as well as when payments will be made;
- ✓ Rules regarding security deposits and charges to be made against the deposit;
- ✓ Entrance fees;
- ✓ Bedhold fees;
- ✓ Discharge or transfer conditions; and
- ✓ Refund policies.

Realize that there are very strict rules about the refund and entrance fees and other prepaid fees, and that these policies, outlined in HFS 83, must be included in your admissions agreement.

### **3. Floor Plan**

Submit a floor plan, NOT the architect's construction plan but a line drawing, which MUST, at a minimum include:

- ✓ The size of the rooms to accommodate the type and number of residents;
- ✓ The size of common areas to accommodate the type and number of residents; and
- ✓ The placement of exits.

#### **4. Community Advisory Committee Documentation**

- ✓ Submit documentation of your effort (DDE-367).

#### **5. Emergency Evacuation Plan**

- ✓ Written evacuation plan for dealing with emergencies.

#### **6. Fire Inspection Form**

- ✓ Form DSL-795 signed and dated by local fire inspection officer.

#### **7. Background Checks Information**

- ✓ Background information disclosure and appendix forms for yourself, nonclient residents age 10 and over, and board members having regular contact with residents.

### **Fees**

#### **➤ Construction Fees**

If your project involves new construction, remodeling or replacement of the smoke and heat detection system, submit a check made payable to the respective departments listed in the application form for construction, sprinkler, smoke and heat detection system plan reviews. **DO NOT SEND CASH.** The fee you need to pay will depend on how much the project is estimated to cost:

- ❖ \$5,000 – less than \$25,000; fee = \$300
- ❖ \$25,000 – less than \$100,000; fee = \$500
- ❖ \$100,000 – less than \$500,000; fee = \$1,000
- ❖ \$500,000 – less than \$1 million; fee = \$1,500;
- ❖ \$1 million – less than \$5 million; fee = \$2,500;
- ❖ \$5 million or more; fee = \$5,000

#### **➤ License Fee**

\$306.00	Biennial License Fee
+	Capacity Fee (\$39.60 x total desired licensed capacity) (\$39.60 x 8=\$316.80)
Subtotal	
X .25	(1/4 probationary fee)
Total	Payable to the Division of Disability and Elder Services

## ➤ **Background Check Fee**

\$7.50	Background Check Fee
<u>X</u>	Number of Background Checks to be Processed (\$7.50 x 3=\$22.50)
Total	Payable to the Division of Disability and Elder Services

Submit **two separate payments** made payable to the Division of Disability and Elder Services; one for the license application fee and one for the Background Check fee. The probationary license fee, which is a quarter of the annual license fee, covers the initial 6- month probationary license after which you must pay for an annual license fee. The license application fee includes one-fourth of a base fee plus a per bed capacity fee.

Please note that other departments, such as the Department of Natural Resources, may also require that you submit fees together with your application for the different approvals required by HFS-83 subchapters 6 and 7. Please contact these departments directly for more information about these fees.

## **Send in Your Application**

Send your COMPLETED application packet with the required fees to the Department of Health and Family Services, Division of Disability and Elder Services, Bureau of Quality Assurance regional office where your CBRF is located:

Southern Regional Office	Juan Flores, RFOD	(608) 243-2374
2917 International Lane		FAX: (608) 243-2389
Madison WI 53704		

Southeastern Regional Office	Pat Benesh, RFOD	(414) 227-4908
819 North 6 <sup>th</sup> St, Room 210		FAX: (414) 227-4139
Milwaukee WI 53203-1606		

Northeastern Regional Office	Kevin Coughlin, RFOD	(920) 448-5249
200 N Jefferson St, Ste 211		FAX: (920) 448-5254
Green Bay WI 54301		

Northern Regional Office	Joanne Powell, RFOD	(715) 365-2802
1853 N Stevens St., Ste 211		FAX: (715) 365-2815
Rhineland WI 54501		

Western Regional Office	Joseph Bronner, RFOD	(715) 836-4753
610 Gibson St., Ste 1		FAX: (715) 836-2535
Eau Claire WI 54701-3687		

INCOMPLETE APPLICATION PACKETS WILL DELAY THE PROCESSING OF YOUR LICENSE. If the application packet is not complete, the respective regional office will contact you.

### **Initial Onsite Visit**

This will be an announced visit by a Department of Health and Family Services licensing specialist once all the necessary materials and forms have been received, and all construction, including sidewalks and exits, are completed. After the initial onsite visit, the Department of Health and Family Services has up to 70 days to process your application.

For these visits, you must have the following:

1. Projected Staffing Patterns and Job Descriptions
2. Emergency Evacuation Plans
3. Grievance Procedures
4. Residents' Rights
5. House Rules
6. Fire Inspection Form
7. Caregiver Background Checks

### **The Rules**

The two most important documents to be thoroughly read, understood, and followed are Chapter 50 of the Wisconsin Statutes on Uniform Licensure, Administrative Code Chapter HFS-83 governing CBRFs, HFS 12 on Caregiver Background Checks and HFS 13 on Reporting and Investigation of Caregiver Misconduct.

1. Licensee Responsibilities
  - Need to have a record free of any conviction substantially related to the care of a dependent person, the activities of a residential or health care facility as well as any other health-related activity.
  - Are responsible for all the actions of the residents and the employees.
  - Be at least 21 years of age.
2. Administrator Responsibilities
  - Must have sufficient qualifications including one post high school course related to or one-year experience working with the proposed client group(s).
  - Be at least 21 years of age and graduated from high school.
3. Training Requirements

- There is a training requirement for administrators and all resident care staff plus at least 12 hours of continuing education each year for staff.
4. Individual Service Plans
    - Complete a pre-admission assessment for all residents.
    - Evaluate each resident's abilities and needs every 6 months or more often as needed.
    - Develop plans to meet each resident's needs every 6 months or within 30 days for new residents, including:
      - An evaluation of the resident's physical health;
      - An assessment of medications taken by each resident and his or her ability to administer that medication;
      - The amount of nursing care needed by the resident per week;
      - The mental and emotional health of the resident;
      - The behavior patterns of the resident which may be harmful to others;
      - The capacity of the resident for self-care; as well as
      - The capacity of the resident for self-direction; and
      - The interpersonal abilities of the resident.
  5. Resident Satisfaction Evaluation
    - Complete a resident satisfaction evaluation which measures resident's satisfaction with their physical environment, the staff, and services.
  6. Resident Evacuation Assessment
    - Must be completed within 3 days of admission of each resident;
    - Must be updated annually or more often as needed.

## **Summary**

1. Know your business.
2. Get the necessary approvals for your site and building.
3. Turn in a COMPLETE application packet.
4. Prepare for the initial licensing onsite visit.
5. Maintain standards and compete on quality.
6. Contact your regional office if you have any questions.

Good luck!!

Visit our web site at [http://www.dhfs.state.wi.us/rl\\_dsl/CBRF/CBRFintro.htm](http://www.dhfs.state.wi.us/rl_dsl/CBRF/CBRFintro.htm) (please note that there's an underscore between /rl\_dsl/...) for new and current information on CBRFs.